



WESTMINSTER

Water Bill Hardship Program Application

Ensure you meet the following Assistance Program conditions prior to completing the application:

- ☐ You are a City of Westminster water customer. Your name is on the account, and you currently occupy the household. (Documentation can be provided to confirm eligibility if name not on the account.)
- ☐ Your water account has no leaks
- ☐ Your account is 35 days or more past due, you have a late/disconnect notice, or you are currently disconnected
- ☐ You have never received the Hardship credit before

Name of Applicant (as it appears on account) _____			Water Account # _____		Do you pay the bill? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address _____			Phone _____			
City _____		State _____	Zip _____	Email _____		
Rent <input type="checkbox"/> Own <input type="checkbox"/>			Preferred method of contact: Email <input type="checkbox"/> Phone <input type="checkbox"/>			
Number of persons in household _____		Number 18+ years old _____		Number employed _____		

****Submit the following income verification documents with your completed application****

- Brief summary of the Hardship your household is currently experiencing
- Documentation supporting the Hardship you are experiencing (ie: letter from employer or doctor, proof of reduced hours/job separation, etc)
- Copy of most recent mortgage statement or current lease
- 2 most recent bank statements
- All recent income documents for persons age 18 or older residing in the household.
(Income = wages, social security, retirement/pension/stock distributions, unemployment, child support, alimony, rental income, tips, grants and monetary gifts/inheritance, etc.)

I, the undersigned, have read the above and agree to all assistance program conditions. I certify that the information provided above is correct and complete to the best of my knowledge.

Signature

Date

(mailing address next page)

Mail or email this completed application, and all necessary documentation to:

City of Westminster
Attn: Water Bill Assistance Program
Public Works and Utilities Department
6575 W 88th Ave.
Westminster, CO 80031

ubassist@westminsterco.gov

If you need help determining your eligibility, please call (303) 658-2392 or email ubassist@westminsterco.gov

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Application complete: Yes ☐ No ☐

Income documents attached: Yes ☐ No ☐

Water Account in applicant's name: Yes ☐ No ☐

Leaks: Yes ☐ No ☐

Owner ☐ Tenant ☐

Late/Disconnect: Yes ☐ No ☐

Applicant notified of Missing docs/Account requirements: Yes ☐ No ☐ N/A ☐ Date: _____

Program(s) approved for: Hardship ☐

Applicant notified of approval: Email ☐ Phone ☐

Approved by: _____ Date: _____